

AMENDMENT TRANSMITTAL LETTER			Docket No. 2815-0308PUS1	
Application No. 10/535,683-Conf. #9731	Filing Date May 19, 2005	Examiner S. L. Chung	Art Unit 1626	

Applicant(s): Jon VALGEIRSSON et al.

Invention: ARYL UREIDO DERIVATIVES AND THEIR MEDICAL USE

MS AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Transmitted herewith is an amendment in the above-identified application.
 The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	3	- 32 =	0	x 52.00	0.00
Independent Claims	1	- 3 =	0	x 220.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					130.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					130.00

☒ Large Entity ☐ Small Entity

☐ No additional fee is required for this amendment.

☒ Please charge Deposit Account No. 02-2448 in the amount of \$ 130.00.
 A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge and credit Deposit Account No. 02-2448
 as described below. A duplicate copy of this sheet is enclosed.

☒ Credit any overpayment.

☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.

Dated: November 14, 2008

MaryAnne Armstrong
 MaryAnne Armstrong, Ph.D.
 Attorney Reg. No.: 40,069

BIRCH, STEWART, KOLASCH & BIRCH, LLP
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 Falls Church, Virginia 22040-0747
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4248). <h2 style="text-align: center;">FEE TRANSMITTAL</h2> <h3 style="text-align: center;">For FY 2009</h3>		Complete if Known Application Number 10/535,883-Conf. #9731 Filing Date May 19, 2005 First Named Inventor Jon VALGEIRSSON Examiner Name S. L. Chung Art Unit 1626 Attorney Docket No. 2815-0308PUS1	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT		(\$) 130.00	

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	52	26
Each independent claim over 3 (including Reissues)	220	110
Multiple dependent claims	390	195

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
3	- 32 or HP	0 x 52.00 =	0.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)
1	- 3 or HP	0 x 220.00 =	0.00

HP = highest number of independent claims paid for, if greater than 3.


3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fees Paid (\$)
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	
Other (e.g., late filing surcharge): 1251 Extension for response within first month	130.00
	Fees Paid (\$)

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	40,069
Name (Print/Type)	MaryAnne Armstrong, Ph.D.	Telephone	(703) 205-8000
		Date	November 14, 2008